

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022027

Entity Name: GAMBLE CREEK GROVES, INC.

FILED
Mar 10, 2006
Secretary of State

Current Principal Place of Business:

6270 JIM DAVIS RD
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

856 2D AVE NORTH
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 30-0069408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEM, JOHN P ESQ.
856 2ND AVE N
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CULLEM, LOUISA L
Address: P.O.BOX 601
City-St-Zip: PARRISH, FL 342190601

Title: V () Delete
Name: LONG, THOMAS W
Address: 1605 KEN BROOK
City-St-Zip: GARNER, NC 27529

Title: V () Delete
Name: LONG, WALTER P
Address: PO BOX 601
City-St-Zip: PARRISH, FL 342190601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: JAFFE, LOUISA L
Address: P.O.BOX 601
City-St-Zip: PARRISH, FL 342190601

Title: V (X) Change () Addition
Name: LONG, THOMAS W
Address: 2062 ROOKERY BAY DR UNIT 2404
City-St-Zip: NAPLES, FL 34114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISA L JAFFE

DPST

03/10/2006

Electronic Signature of Signing Officer or Director

Date